

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 527535

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	0				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	5	↓		↓		↓
TOTAL CLAIMS	45	↓		↓		↓
TOTAL CLAIMS	50	↓		↓		↓

Best Available Copy